



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 West Preston Street

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Dr. Joshua M. Sharfstein,
Secretary

Office of Procurement & Support Services
410-767-5117

**INVITATION FOR BIDS
POTOMAC CENTER
PHARMACEUTICAL SERVICES
IDENTIFIER # DHMH/OPASS 12-10876**

**Addendum #2
Issued: July 9, 2012**

All persons who are known by the Issuing Office to have received the above-referenced IFB are hereby advised of the following revisions:

The contract resulting from IFB – DHMH/OPASS 12-10876 will now be awarded based on the Gold Standard's Drug Data Bases' current Average Wholesale Price. The following revisions reflect this change.

SPECIFICATION REVISIONS:

Section 1.2 – Abbreviations and Definitions:

Delete the following:

- q. **SMAC** – State Maximum Allowable cost.
- s. **WAC** – Wholesale Acquisition cost.

Add/Replace with the following:

- q. **Gold Standard** – drug data base to be used by Pharmacies.
- s. **AWP** – Average Wholesale Price

1.28 Federal Funding Acknowledgement:

1.28.2 – Original Language: The total amount of Federal funds allocated for the Potomac Center is \$0.00 in Maryland State fiscal year FY '12.

1.28.2 – Shall now read: The total amount of Federal funds allocated for the Potomac Center is \$0.00 in Maryland State fiscal year FY '13. **Remainder of this subsection is unchanged.**

2.3 Scope of Work – Requirements:

Subsection 2.3.3 (k) - The first sentence shall now read:

Bill per Bid Pricing Instructions (Attachment E) using a fixed percentage discount price of the AWP of the Gold Standard Drug Data Base for all non-billable Medicare/Medical Assistance items. **Remainder of this subsection is unchanged.**

Subsection 2.3.3 (l) shall now read:

Provide the Center's Contract Monitor with an electronic version, if available and hard copy of the Gold Standard's AWP price schedule for invoices in order to provide an audit trail.
<http://www.goldstandard.com/product/gold-standard-drug-database/>. **Remainder of this subsection is unchanged.**

2.7 Invoicing:

Subsection 2.7.2 (c) shall now read:

For persons who neither have private insurance nor Medicaid/Medicare/Medical Assistance coverage, invoices shall be submitted by the 21st of the month following the month in which the services were provided in both a summary format and a detail form for all medications (e.g. over the counter medications supplied by the contractor and not billable to Medicare/Medical Assistance) using the percentages set forth on the Bid Page. **Remainder of this subsection is unchanged.**

Attachment E – Bid Pricing Instructions and Bid Page:

Add the following to the Bid Pricing Instructions:

H. The contract award will be based on the greatest percentage discount for non-billable Medicaid drugs. The discount shall be calculated based on Gold Standard's Drug Data Base's current Average Wholesale Price (AWP) <http://www.goldstandard.com/product/gold-standard-drug-database/>.

Price Proposal – Delete all language in this section.

Bid Page – Attachment E (October 1, 2012 – September 30, 2017) – Delete this page and substitute the new Bid Page – Attachment E included at the end of Addendum #2.

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All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer DHMH.

7/9/12
Date

Sharon R. Gambrill
Sharon R. Gambrill, CPPB
Procurement Officer, OPASS

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Upon receipt, please include the addendum acknowledgement with your bid submission to:

Frances Penner
Administrative Officer
Potomac Center
1380 Marshall Street
Hagerstown, MD. 21740
Phone # 240.313.3553
Phone # (fax) 240.313.3507

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ADDENDUM ACKNOWLEDGEMENT

I acknowledge receipt of Addendum #2 to IFB 12-10876 titled "Pharmaceutical Services – Potomac Center" dated 7/9/12.

Vendor's Name

Authorized Signatory – (Print/Type)

Signature

Date

Bid Page - Attachment E

The Bid shall contain all price information in the format specified on these pages. Complete the price sheets only as provided in the Bid Pricing Instructions. Do not amend, alter or leave blank any items on the Bid Page. Failure to adhere to any of these instructions may result in the Bid being determined non-responsive and rejected by the Department.

Year	Approximate Time Period	Percentage Discount	%
(A)	Year One		%
(B)	Year Two		%
(C)	Year Three		%
(D)	Year Four		%
(E)	Year Five		%
Total	Bases of Award: A+B+C+D+E		%

- If bidder desires to bid the actual list prices from the Gold Standard Drug Data Base Wholesale Formulary it should enter a zero (0) in the discount blank above.
- Otherwise a specific percentage should be listed in the discount blanks.
- Percentage discount is the amount a contract with discount from the Gold Standard Drug Data Base Wholesale Formulary on all non-Medicaid/Medical Assistance billable drugs and supplies.

Submitted By: _____
Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Company Name: _____

Company Address: _____

Location(s) from which services will be performed (City/State): _____

FEIN: _____

eMM #: _____

Telephone: (_____) _____ -- _____

Fax: (_____) _____ -- _____

eMail: _____ @ _____